

# Jennings County Health Department Residential Septic System Application



Date- \_\_\_\_\_

Name- \_\_\_\_\_

Address- \_\_\_\_\_ City, State, Zip- \_\_\_\_\_

Phone- \_\_\_\_\_ Work/Cell- \_\_\_\_\_

Agent's Name- \_\_\_\_\_ Agent's Phone- \_\_\_\_\_

Location of Septic Site- \_\_\_\_\_

911 Address- \_\_\_\_\_

Township- \_\_\_\_\_

Type of Construction- New ☐ Replace Existing ☐ Repair ☐ Reconnect ☐

Residence Type- Custom Built Home ☐ Modular ☐ Mobile ☐ Other ☐

Bedroom Number ☐ \*(A Bedroom is defined as 70 sq ft or larger with a door, or window for egress, and a closet.)

Bathroom Number ☐ Jetted Tubs >125 gallons ☐ Garbage Disposal ☐

Water Softener ☐ # of Persons Living in Home ☐ Water Supply ☐

Soil Scientist \_\_\_\_\_

Septic Installer if Applicable \_\_\_\_\_

Signature of Owner/Agent \_\_\_\_\_

**\*\*The above signature certifies, by penalty of perjury, that the information given is correct.\*\*** No guarantee is expressed or implied by the issuance or approval of this application. This application in no way guarantees the operation of the private sewage disposal system at the above referenced location, it only affirms that the system was applied to be installed according to prescribed standards.

**\*\*The following information must be provided to the Jennings County Health Department before a permit for construction will be issued.\*\***

Soil Submittal-Plan Review \_\_\_\_\_ Soil Report \_\_\_\_\_

Floor Plans \_\_\_\_\_ 911 Address \_\_\_\_\_

House Plans \_\_\_\_\_